THIS FORM REPLACES FORM 3510-9 (8-98) See the Following Pages for Instructions

Form Approved OMB Nos. 2040-0188 and 2040-0211

NPDES FORM SEPA

United States Environmental Protection Agency
Washington, DC 20460

Notice of Intent (NOI) for Storm Water Discharges Associated with CONSTRUCTION ACTIVITY Under a NPDES General Permit

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section II of this form requests authorization to discharge pursuant to the NPDES Construction General Permit (CGP) Number identified in Section I of this form. Submission of this NOI also constitutes notice that the party identified in Section II of this form meets the eligibility requirements in Part 1.3 of the CGP for the project identified in Section III of this form. Permit coverage is required prior to commencement of construction activity until final stabilization. TO OBTAIN AUTHORIZATION, THIS FORM MUST BE COMPLETE AND ACCURATE. SEE INSTRUCTIONS AT THE END OF THIS FORM.

I. Permit Number
II. Operator Information
Name:Name:
IRS Employer Identification Number (EIN):
Street: Street:
City:
Phone: Fax (optional):
Email (optional):
III. Project/Site Information
Project/Site Name:
Project Street/Location:
City:
County or similar government subdivision:
Latitude/Longitude (Use one of three possible formats, and specify method)
Latitude 1o _ ´ _ ´´ N (degrees, minutes, seconds) 2o ´ N (degrees, minutes, decimal) 3 o N (decimal) Longitude 1o _ ´ _ ´
Method: U.S.G.S. topographic map EPA web site GPS Other: • If you used a U.S.G.S. topographic map, what was the scale:
Project Located in Indian country? Yes No If so, name of Reservation OR if not part of a Reservation, put "Not Applicable":
Estimated Project Start Date:
Estimated Area to be Disturbed (to the nearest quarter acre):

IV. SWPPP Information
Has the SWPPP been prepared in advance of filing this NOI? Yes No
Location of SWPPP for viewing: Address in Section II Address in Section III Other:
SWPPP Street:
City:
SWPPP Contact Information (if different than that in Section II):
Name:
Phone: Fax (optional):
Email (optional):
V. Discharge Information
What is the name(s) of the waterbody(ies) to which you discharge?
Is this discharge consistent with the assumptions and requirements of applicable EPA approved or established TMDL(s)? Yes No
VI. Endangered Species Information
Under which criterion of the permit have you satisfied your ESA eligibility obligations?
A B C D E F
If you select criterion F, provide permit tracking number of operator under which you are certifying eligibility:
VII. Certification Information
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Print Name:
Print Title:
Signature:
Date (Month Date Year):